

The Division of Child Behavioral Health Services (DCBHS) in conjunction with system partners has developed a multi-purpose tool to assist caseworkers and case/care managers in documenting actions involving the children and young adults who are receiving out of home (OOH) services.

The tool has three parts, Treatment (pgs. 1&2) which includes questions for the program treatment team; Discharge Planning (pgs. 3-5) which covers discharge questions, care manager responsibilities, and developmental disabilities information; and Protocol for Youth Transition Planning (pgs. 6-8) which will be used for the young adults transitioning between DCBHS and the adult mental health system..

The Treatment part will be used by caseworkers and case/care managers participating in treatment team meetings to gather pertinent information about diagnosis and treatment, the progress of the children/young adults toward wellness and recovery, successes and obstacles to progress, and other factors.

The Discharge Planning segment will be used to document the discharge plan for children/young adults in OOH treatment. There are questions and checklists to assist the caseworkers and case/care managers to determine what needs to be done to ensure successful moves home, or to step-down or step-up facilities to continue treatment.

The Protocol for Transition Planning is for young adults aged 17- 21 who require transitioning from the DCBHS system to the adult mental health system. The tool will be filled out at the transition planning meetings by the caseworkers or case/care managers. The document will contain information regarding transition plans, identifying what the young adults' needs are, what is already in place and what needs to be put in place to make the transition to the adult system as smooth as possible.

The tool is designed to be printed and filled out manually or filled out on line (you can tab through the fields of the document). The demographic information on page 1 will be filled out each time the tool is used. Some of the same information is requested in different areas of the document. This is to support the staff using each segment of the tool as a complete and separate entity. For example, staff may only want to use pages 1&2 to document the treatment information. Or, the staff may want to record the Discharge Planning information (pgs. 3-5), having already documented the treatment information at an earlier date. The Transition Planning segment (pgs.6-8) will be filled out at the transition planning meeting for youth who will need the transition to the adult mental health system. Consequently, each segment can be filled out as needed keeping the collection of information concise and pertinent to the planning actions.